



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility	14149	Service:	LPT	Call	K27ON-D	Channel:	27 (UHF)
ID:		Sign:					
File	0000089320						
Number:							
FRN:	0007328453	Eligibility	Eligible	Date	10/15		
		Status:		Submitted:	/2020		

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
COUNTY OF SAN BERNARDINO, CSA 29 (COUNTY SERVICE AREA)	Special Districts Department - Frank Haggard	+1 (760) 248-7048	frank.haggard@sbccounty.gov	Government Entity
Doing Business As:	222 West Hospitality Lane, 2nd Floor			
COUNTY OF SAN BERNARDINO, CSA 29 (COUNTY SERVICE AREA)	SAN BERNARDINO, CA 92415 United States			

Reimbursement Contact Information

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone	Email
Michael Couzens <i>Attorney at Law</i> <i>Michael Couzens Law Office</i>	Michael Couzens 6536 Telegraph Avenue, Suite B201 Oakland, CA 94609 United States	+1 (510) 658-7654	cuz@well.com

**Broadcaster
Information
and
Transition
Plan**

Question		Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.		Yes
Briefly describe transition plan		Three stations at Lucerne Valley had to change channels and moved into the core. They have done so. License was applied for and granted.

Transmitters

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

**Primary
Transmitter**

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Ownership	Owned
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	TAUD-100
	Year	2013
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	100 W

**Primary
Transmitter**

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	TAUD-100
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	100 W
	Justification for New Transmitter	Attached justification dated November 12, 2019

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Other Transmitter Costs	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Rigid Conduit and Wiring	No
	Other Electrical Service	No
HVAC Service	Does the replacement transmitter require HVAC Service?	No

Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
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Primary Transmitter **Other Transmitter Cost Not Listed**
Information not provided.

Antennas

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	No

Transmission Line

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	No

Tower Equipment And Rigging Costs

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	37
	Explanation	\$13,160 divided by three stations or \$4,386.67 per station
Outside RF consulting Engineering Services	Perform engineering study for displacement application	No
	Prepare engineering section of Form FCC Construction Permit Application	No
	Prepare engineering section of Form FCC License to Cover Application	No
	Prepare request for Special Temporary Authority	No
	Prepare Form 601	No

Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Form 399 assistance or other program management costs	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No

Outside Professional Services Costs **Other Professional Services Expenses Not Listed**

Is this item provided.

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Permit and Filing Costs	FCC Construction Permit Major Change	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	No
	Does this relocation require Equipment Storage?	No
Point to Point Microwave (STL/ICR)	Frequency Coordination for Unidirection System	No
	Frequency Coordination for Bi-Direction System	No
	New Point to Point Microwave System	No

Other Expenses

Other Expenses Not Listed

Name	Description
Combiner	Combiner

Cost
Information

Transmitters

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter TAUD-100	\$13,750.00	\$16,430.91		\$16,430.91	
UHF - Air Cooled Solid State Transmitter 50.001 - 150 Watts	\$13,750.00	\$16,430.91	Actual Cost	\$16,430.91	The estimates are for one station. Our invoices for equipment to serve three stations using the same existing antenna.
Sub-total	\$13,750.00	\$16,430.91	N/A	\$16,430.91	N/A
Total for all systems	\$26,824.35	\$24,410.96	N/A	\$23,010.96	N/A

Components

Actual Information	
Description	File Name

UHF - Air Cooled Solid State Transmitter 50.001 - 150 Watts		
	Component Description:	modulators
	Amount:	\$5,600.00
	Component Description:	combiner
	Amount:	\$1,685.91
	Component Description:	Amplifier 1/3 of inv
	Amount:	\$9,145.00
	Component Description:	Adjustment to divide expense among three stations
	Amount:	N/A

Cost Information **Antennas**
Information not provided.

Cost Information **Transmission Line**
Information not provided.

Cost Information **Tower Equipment and Rigging Costs**
Information not provided.

Cost Information **Outside Professional Services**

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$11,324.35	\$7,980.05		\$6,580.05	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$2,310.00	based on actual.	\$910.00	Five attached invoices set forth all work in channel change under displacement and for reimbursement applications. Estimates are for one station but work was for three stations concurrently.

Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$338.34	Legal fees license to cover CP	\$338.34	N/A
Form 399 assistance or other Program Management costs	\$1,108.35	\$1,108.35	1876 Prep	\$1,108.35	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$2,286.69	actual cost	\$2,286.69	N/A
Project management of the transition	\$3,903.50	\$1,936.67	1/3 of Attorney billing from 3 invoices attached	\$1,936.67	N/A
Sub-total	\$11,324.35	\$7,980.05	N/A	\$6,580.05	N/A
Total for all systems	\$26,824.35	\$24,410.96	N/A	\$23,010.96	N/A

Components

Actual Information
Description

File Name

Attorney Fees - Prepare and
File FCC Form 2100 (main),
Construction Permit
Application

Component Description:

see details in
invoice. service
across three
stations

Amount:

\$910.00

Component Description:

revisions to 399

Amount:

N/A

Component Description:

form 399

Amount:

N/A

Component Description:

Form 399
revisions

Amount:

N/A

Component Description:

see details in
invoice. service
across three
stations

Amount:

N/A

Component Description:

Adjustment to
make payment
one-third of
invoices, as work
was done for
three stations.

Amount:

N/A

Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Component Description:		1/3 of Attorney billing
	Amount:		\$128.34
	Component Description:		1/3 Inv License Filling
	Amount:		\$210.00
	Component Description:		Tasks as set forth in two invoices attached
	Amount:		N/A
Form 399 assistance or other Program Management costs	Component Description:		1876 Prep
	Amount:		\$233.34
	Component Description:		1876 Prep
	Amount:		\$81.67
	Component Description:		1876 Prep
	Amount:		\$793.34

Prepare/ Review 399
reimbursement form

Component Description: 1/3 of Attorney
billing
Amount: \$723.34

Component Description: 1/3 of Attorney
billing
Amount: \$466.67

Component Description: 1/3 of Attorney
billing
Amount: \$396.67

Component Description: 1/3 of Attorney
billing
Amount: \$653.34

Component Description: As set forth in the
invoice
Amount: N/A

Component Description: 1/3 of Attorney
billing
Amount: \$46.67

Project management of the transition

Component Description: 1/3 of Attorney billing
Amount: \$1,155.00

Component Description: 1/3 of Attorney billing Please see two invoices for details
Amount: \$735.00

Component Description: 1/3 of Attorney billing
Amount: \$46.67

Cost Information

Other Expenses

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$1,750.00	\$0.00		\$0.00	
Combiner	<i>\$0.00</i>	\$0.00	N/A	\$0.00	
FCC Filing Fees - Special Temporary Authorization request	\$305.00	\$0.00	Fee Exempt Government Entity	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$0.00	Legal fees to file license to cover cp.	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$0.00	Fe Exempt Government Entity	\$0.00	N/A
Sub-total	\$1,750.00	\$0.00	N/A	\$0.00	N/A
Total for all systems	\$26,824.35	\$24,410.96	N/A	\$23,010.96	N/A

Components

Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$26,824.35	\$24,410.96
			\$23,010.96

Reimbursement Status	Question	Response
	The facility has ceased operating on its pre-auction channel.	Yes
	Construction of final facilities or all necessary modifications are complete.	Yes
	All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 	

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Susan Hansen <i>Consultant</i></p> <p>10/15/2020</p>

Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. 	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

Frank Haggard
Area
Manager

10/15/2020

Attachments